



VETERANS INTEGRATED SERVICE NETWORK 3
VETERANS ADVOCACY COUNCIL FOR MENTAL HEALTH

NEWSLETTER

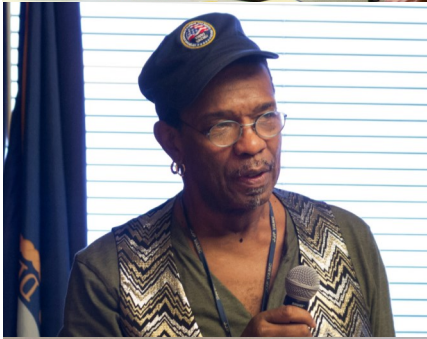
Volume 7 Issue 1 Spring 2014

Kat Hairston elected along with Howard Wunderlich as the Co-Chairs of the VACMH

VETERANS LEADERSHIP SEMINAR A GREAT SUCCESS

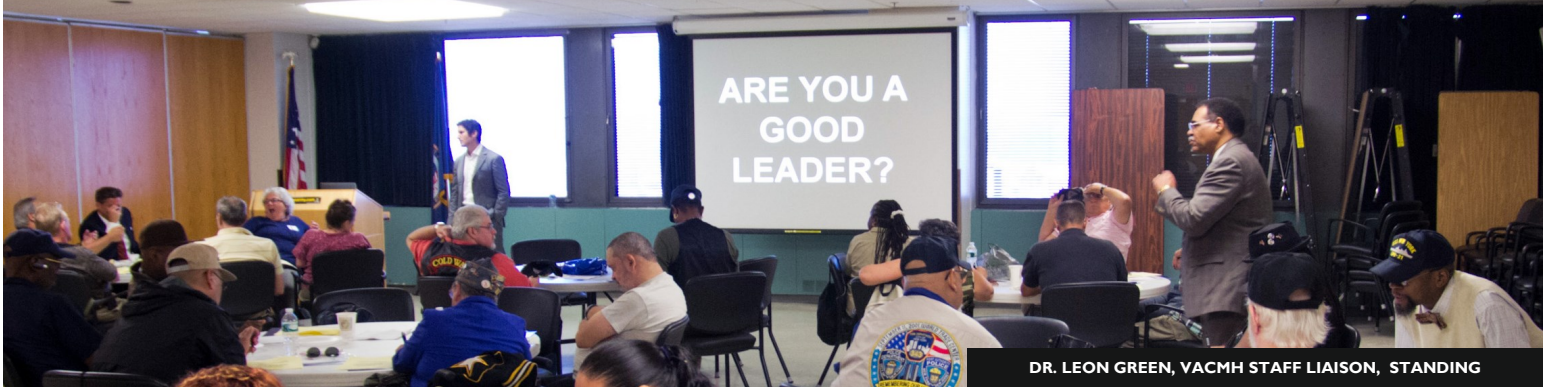


Jason Ornstein, vCaring Chairman (above, left) and Dr. Matthew Kaplowitz (above, center), vCaring volunteer, led a pro-bono training seminar in leadership at the James J. Peters VA facility in the Bronx, NY. Veteran Leadership/Advocacy Councils of the VISN3; The Harbor (Manhattan/Brooklyn), Lyons/East Orange (New Jersey), Montrose (Hudson Valley), Northport (Long Island), JJPVCAC (The Bronx) attended Matthew's interactive training where Emotional Intelligence was examined. Charles Witherspoon (above, right) and Howard Wunderlich (pictured on following page), VISN3 CO-CHAIRS worked with Matthew to create this event. Ann Feder (pictured on following page), Mental Health Care Line Program Manager at the VISN3 and Dr. Green, VACMH staff liaison aided vCaring and the Veterans Advocacy Council for Mental Health with the logistics for this seminar.



ANN FEDER, MSW, MH CARELINE MANAGER

HOWARD WUNDERLICH, VAC CO-CHAIR



DR. LEON GREEN, VACMH STAFF LIAISON, STANDING

Emotional intelligence (EI) can be defined as the ability to monitor one's own and other people's [emotions](#), to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behavior.^[1] There are three models of EI. The *ability model*, developed by [Peter Salovey](#) and [John Mayer](#), focuses on the individual's ability to process emotional information and use it to navigate the social environment.^[2] The *trait model* as developed by Konstantin Vasily Petrides, "encompasses behavioral dispositions and self perceived abilities and is measured through self report" ^[3] The final model, the *mixed model* is a combination of both ability and trait EI. It defines EI as an array of skills and characteristics that drive leadership performance, as proposed by Daniel Goleman.^[4]

Studies have shown that people with high EI have greater mental health, exemplary job performance, and more potent [leadership](#) skills, markers of EI and methods of developing it have become more widely coveted in the past few decades. References to EI can be found in historical books from [Sri Lanka](#).^[citation needed]

Criticisms have centered on whether EI is a real [intelligence](#) and whether it has incremental validity over [IQ](#) and the [Big Five personality traits](#).[[]

Ability model[[edit](#)]

Salovey and Mayer's conception of EI strives to define EI within the confines of the standard criteria for a new intelligence.^[25] Following their continuing research, their initial definition of EI was revised to "The ability to perceive emotion, integrate emotion to facilitate thought, understand emotions and to regulate emotions to promote personal growth." However, after pursuing further research, their definition of EI evolved into "the capacity to reason about emotions, and of emotions, to enhance thinking. It includes the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth." ^[2]

The ability-based model views emotions as useful sources of information that help one to make sense of and navigate the social environment.^{[26][27]} The model proposes that individuals vary in their ability to process information of an emotional nature and in their ability to relate emotional processing to a wider cognition. This ability is seen to manifest itself in certain adaptive behaviors. The model claims that EI includes four types of abilities:

1. Perceiving emotions – the ability to detect and decipher emotions in faces, pictures, voices, and cultural artifacts—including the ability to identify one's own emotions.

Perceiving emotions represents a basic aspect of emotional intelligence, as it makes all other processing of emotional information possible.

Using emotions – the ability to harness emotions to facilitate various cognitive activities, such as thinking and problem solving. The emotionally intelligent person can capitalize fully upon his or her changing [moods](#) in order to best fit the task at hand.

1. Understanding emotions – the ability to comprehend emotion language and to appreciate complicated relationships among emotions. For example, understanding emotions encompasses the ability to be sensitive to slight variations between emotions, and the ability to recognize and describe how emotions evolve over time.

2. Managing emotions – the ability to regulate emotions in both ourselves and in others. Therefore, the emotionally intelligent person can harness emotions, even negative ones, and manage them to achieve intended goals.

The ability EI model has been criticized in the research for lacking face and predictive validity in the workplace.[[]

Trait model

Soviet-born British psychologist Konstantin Vasily Petrides ("K. V. Petrides") proposed a conceptual distinction between the ability based model and a [trait](#) based model of EI and has been developing the latter over many years in numerous scientific publications.^{[13][34]} Trait EI is "a constellation of emotional self-perceptions located at the lower levels of personality."^[24] In lay terms, trait EI refers to an individual's self-perceptions of their emotional abilities. This definition of EI encompasses behavioral dispositions and self perceived abilities and is measured by [self report](#), as opposed to the ability based model which refers to actual abilities, which have proven highly resistant to scientific measurement. Trait EI should be investigated within a [personality](#) framework.^[35] An alternative label for the same construct is trait emotional self-efficacy.

The trait EI model is general and subsumes the Goleman model discussed above. The conceptualization of EI as a personality trait leads to a construct that lies outside the [taxonomy](#) of human cognitive ability. This is an important distinction in as much as it bears directly on the operationalization of the construct and the theories and hypotheses that are formulated about it.^[13]

The Five Components of Emotional Intelligence at Work

	Definition	Hallmarks
Self-Awareness	the ability to recognize and understand your moods, emotions, and drives, as well as their effect on others	self-confidence realistic self-assessment self-deprecating sense of humor
Self-Regulation	the ability to control or redirect disruptive impulses and moods the propensity to suspend judgment—to think before acting	trustworthiness and integrity comfort with ambiguity openness to change
Motivation	a passion to work for reasons that go beyond money or status a propensity to pursue goals with energy and persistence	strong drive to achieve optimism, even in the face of failure organizational commitment
Empathy	the ability to understand the emotional makeup of other people skill in treating people according to their emotional reactions	expertise in building and retaining talent cross-cultural sensitivity service to clients and customers
Social Skill	proficiency in managing relationships and building networks an ability to find common ground and build rapport	effectiveness in leading change persuasiveness expertise in building and leading teams

Matthew J. Kaplowitz, PhD | Founder, MJKExecDev, CEO

Dr. Kaplowitz, is an organizational consultant and executive coach specializing in the behavioral dimensions of leadership. He advises CEOs and senior executives in stepping up to power, handling key relationships effectively, and navigating the pitfalls of leadership within organizational life. His clients include executives from Fortune 100 companies across a range of industries, as well as successful entrepreneurs transitioning their companies from start-up to midsize.

IN THIS ISSUE:

- ◆ VACMH EXPORT
- ◆ SEMINAR
- ◆ VA/COMMUNITY
- ◆ ANNUAL REPORTS
- ◆ RECOVERY ARTICLES
- ◆ EI

THE VISN3-VACMH MISSION IS:

BUILD A WORKING ALLIANCE BETWEEN VETERANS AND ADMINISTRATION TO ENSURE THE DELIVERY OF THE HIGHEST QUALITY OF MENTAL HEALTH SERVICES.

FOSTER AND EXCHANGE VETERAN/STAKEHOLDER ADVOCACY THROUGH THE EXCHANGE OF INFORMATION.

STRIVE TOWARD A WELL-INFORMED VETERAN POPULATION THROUGH EDUCATION ON CURRENT TREATMENT MODALITIES AND PROGRAM POLICIES.

ENSURE THAT "BEST PRACTICES" IN MENTAL HEALTH PROGRAMS IN VISN 3 ARE SHARED BETWEEN ALL FACILITIES OF VISN 3.

THIS WOULD INCLUDE USE OF A COMMON VETERAN SATISFACTION SURVEY FORMAT.

THE VISN3-VACMH PRIORITY TASKS:

- HOMELESSNESS
- WOMENS ISSUES
- PHARMACY
- COMPUTERS / MHV
- TRANSPORTATION
- OEF / OIF / OND

VISN #3 VETERAN ADVOCACY COUNCIL FOR MENTAL HEALTH EXECUTIVE BOARD

HOWARD WUNDELICH
KAT HAIRSTON
MICHELLE SMITH
LEON GREEN, PH.D.

VISN#3 VACMH

EXECUTIVE BOARD

REPORT

@The Veteran Advocacy Council for Mental Health was formed in 1996.

@Currently the VISN3 VAC is the oldest VISN Council in existence;

UPDATES:

- The next VISN VAC Face to Face meeting to be held 07.09.2014 at the Northport .

The VAC re-elected Howard Wunderlich and newly elected Kat Hairston for Co-Chair

NEWSLETTER:

- VISN3 VACMH's newsletter is now published on the (VISN3 MIRECC/RECOVERY) webpage.
- VACMH newsletter volume 7 issue 1 highlights the Veterans Leadership/ Advocacy Seminar and Northport VA/Community collaboration
- Would appreciate support from MHEB members on getting it distributed..
- MHEB and all mental health staff are welcome to write articles for the VISN 3 VAC newsletter.

- See the editor,

Charles Witherspoon

VACMH 04.09.2014

FACE TO FACE

- Held at Lyons Campus

- Election of Co-Chairs
- Out going Chair farewell
- Newsletter
- By-laws

NEXT STEPS

- Following successful conference in Fall 2013, VAC members are reviewing next steps
- Developing cadre of VAC
- Members to engage further with not for profit organization focused on advancing leadership skills
- Discussion of future conference topics focused on specific leadership skills & techniques
- Better understanding of the use of emotional intelligence in leadership roles .

PROJECTS THAT THE VAC IS ACTIVELY WORKING ON :

- MyHealtheVet: All members are polled to see if they have signed up for MyHealtheVet.
- Charles Witherspoon signs up Veterans at the Bronx VA library.
- VERA: Veterans are working with their primary care providers to ensure that they are "vested" in the system.
- Women's health issues
- Site visits.
- V-Caring : Advocacy/ Leadership Cadre

SUPPORT FROM MHEB:

- Newsletter – please consider writing a story of your accomplishments in Recovery Transformation
- Encourage local mental health leadership to attend local meetings
- Ann Feder commended facilities on their efforts to hire MH staff. New details on the Peer Specialist program were shared.

ACTION ITEMS FROM MHEB:

- Request from MHEB to help Veterans access Women Veteran Program Managers if there is a need
- It is requested that the MHEB receive a courtesy copy of annual reports before being submitted to Michelle Smith.
- A VISN Annual Report will be submitted once all local reports are due.
- Look for ways to increase membership at all VAC's.

REPORT TO THE MHEB

- BY-LAWS
- Completed and invite the MHEB to review before they are published for their advice/ input
- Co-chairs elected
- VAC member participation in RAM conference 5/19/14 planning



Northport VAC advocates for the Vet, h/h family and h/h community!

Kudos to Dr. Thomesen and the team in Northport for the success of this VA/Community collaboration!

First-of-its-kind clinic 'saved my marriage,' Iraq veteran says...

By Ashley Fantz , CNN

updated 5:52 PM EDT, Tue March 11, 2014

(CNN) -- Lisa and Joe's marriage was all but over.

After his return from Iraq, they optimistically went about forging a life together. They married in 2009, got good jobs and moved into a nice house on Long Island, New York.

For Lisa, the war was the past. But for Joe, it never faded away. Even as the years went by and he left the Marine Corps, his mind drifted back and the awful memories grew more intense. They took control of his dreams and gradually replaced his gentle demeanor with rage. He drank heavily.

Lisa didn't know what was wrong with her husband. But his struggle resulted in her own painful memories. One is especially vivid. Reaching for something in their freezer one day, she dropped a bowl of spaghetti sauce on the kitchen floor. Her husband exploded. Mistakes can't be made, he angrily warned her. In Iraq, mistakes could get someone killed.

"It was startling. It was shocking to see that something falling could cause so much panic in him," she said. "Why did he react this way? Where were all these feelings coming from? I didn't really have an answer for any of it."

CONTINUED ON THE FOLLOWING PAGE

In November, Lisa and Joe sat down with me in their Long Island home. They've come a long way since that tense night in their kitchen. Still, they insisted their real names not be used in this story and asked CNN to obscure their faces in a video interview because of the stigma associated with post-traumatic stress. They were afraid his boss and co-workers might recognize them.

But they wanted to tell their story so that more people would know about a first-of-its-kind clinic they credit for saving their marriage.

In January 2013, the couple began getting therapy at the Unified Behavioral Health Center for Military Veterans and their Families in Bay Shore, on Long Island's South Shore. A counselor at the local VA told Joe that he should check out this clinic that opened in December 2012.

Civilians and veteran clinicians work together

The center's concept sounds simple. But it's revolutionary.

Typically, the VA does not treat family members unless the veteran asks for it. But at the center, family members are equally empowered to get treatment, and they can get it with their soldiers in a single, shared space.

Here's how it works: When a veteran or a family member walks through the front door, the family member turns to the left and is seen by a civilian clinician. The service member or veteran turns to the right and is seen by a VA therapist. They also have the option to be treated together.

Dr. Charlene Thomesen, a psychiatrist and the associate chief of staff for Mental Health Services at the VA Medical Center in Northport, was among a small group that came up with the idea.

Thomesen and her colleagues made sure the private side of the clinic was staffed with counselors trained to treat children, she told me.

"There's the issue of newly returning service members being younger and having young families -- the VA does not have expertise to treat children," she said. "I always saw that as a need."

With their patients' permission, the VA and private clinicians meet regularly to share details of their respective sessions and devise the best way to treat the family as a whole.

For example, a veteran who is on a sobriety plan may say in therapy that he isn't drinking but the wife tells her therapist otherwise. Or perhaps one partner reveals there's physical abuse in the home. Knowing more allows therapists to get to the heart of their patients' problems.

Joe and Lisa believe this full-circle approach is exactly what they needed. After the first session together with a therapist, Joe wasn't sure he wanted to continue. "One of my biggest fears was that this guy was going to dismantle my marriage," he said. "He was going to show me that it wasn't worth it or we weren't meant for each other."

Lisa had her fears, too. She assumed that by being completely honest about her feelings, she was burdening her husband when he'd already been burdened enough by war.

Therapy emboldened her to tell him how she felt, and he reassured her.

"It really touched me to know that while I worried about him," she said, "he was worried about me."

So Lisa kept gently pressing, making their appointments because, at this clinic, she could.

Iraqi war veteran encourages patients to get help

Iraq veteran Andrew Roberts can empathize with Lisa and Joe. As director of the Office of Military and Veterans Liaison Services for the clinic's parent health system, North Shore

LIJ, it's his job to get out into the community and encourage veterans, service members and their families to come to the center.

The job also helps him continue to heal.

When the 38-year-old came home in 2004, he was constantly anxious and arguing with his father. "He told me that it hurt him and I needed to see somebody," Roberts recalled. "I was angry. I was thinking he should go see a therapist. Finally, after getting pretty worked up about it, I thought, 'Oh God, maybe I should go talk to somebody.' "

Counseling helped Roberts ease back into civilian life, and it strengthened his relationship with his dad. He turned to veterans groups for extra help, and that in turn made him confident enough to pursue a career in veterans affairs. Those jobs led him to his position with the clinic.

"For these veterans, they feel like I did; like you're the first person to ask for help," he said. "I try to say to every one of them who comes in here -- a lot of our peers didn't make it home. I know that they would want us to live the best life possible. You can't live a good life, for some of us, without some professional help."

There is no cost for treatment, Roberts said, because the clinic is supported by a grant from the [Robert Wood Johnson Foundation](#) and local partners.

The average length of time for treatment is three months, he said, but that depends on the individual's needs. Some patients may drop in whenever they feel they need to talk.

By the end of 2013, the VA had treated 499 patients on its side, according to Roberts, and the civilian side had treated 92 family members.

The center tracks patients' progress in many ways, said its program director, psychologist Mayer Bellehsen. When a patient or couple begins treatment, a therapist measures their symptoms using nationally set standards for mental health. A patient could be assessed for PTSD, depression and anxiety. Couples answer questions about their circumstances and how they feel based on a nationally accepted model for couples' therapy. Families seeking treatment do the same.

At various intervals throughout treatment, these symptoms are re-evaluated. Patients also fill out surveys, with most showing "a high degree of satisfaction with the services we offer," Bellehsen said.

Because the center is new, he added, it's still gathering enough data to conduct a statistical analysis that would demonstrate, in concrete ways, its successes.

For Joe and Lisa, the center has proved its effectiveness. They hold hands and talk, finally calm after years of chaos.

Every chance he gets, Joe tells the friends he served with that they should do anything they can to get help.

"I let them know," he said, "without a doubt it saved my marriage."

Jim Blue

Regional Director

U.S. Department of Veterans Affairs/Office of Public & Intergovernmental Affairs

BROOKLYN VETERANS ADVOCACY COUNCIL

SPRING 2014



VOL. 5, ISSUE 2



Mission Statement:

The Veterans Advocacy Council for Mental Health provides a forum for Veterans and Families to identify issues and concerns regarding patients care and treatment. To communicate recommendations to Mental Health Services and the Administration and to advocate for the delivery of the highest quality mental health care available.

'Recovery is a Journey – Not a Cure.'



Bertram Hirsch, Coordinator of the PRRC Program and Peer Specialist
Lecia Rodrigues-Whyte, Iraq Army Veteran

To be OK Again

"I was in Balad, Iraq. We were being bombed. I was running and tripped over the electric wires the soldiers ran to power sources across the housing area so they could play video games," recalls Iraq Army Veteran Lecia Rodrigues-Whyte. That fall on cement in 2004 resulted in multiple injuries, orthopedics surgeries, hospitalizations and chronic pain. Ms. Rodrigues-Whyte's difficulties managing pain also led to abuse of pain medication, alcohol and depression. Referred to VA's Brooklyn Campus after her hospitalizations in New Jersey. Ms. Rodrigues-Whyte retired in 2007 after 22 years in the military. She addressed her issues with pain and unhappiness with her physical limitations and PTSD through her immersion in the Psychosocial Rehabilitation Recovery Center (PRRC).

Also, while working as a partner in the Incentive Therapy Program with her

therapists in the effort to emerge from depression, Lecia committed herself to a variety of programs in which she could help other Veterans. She started a homework Lab for example to use her computer expertise to help Veterans working on computer skills through the "No Man is an Island Program."

When Peer Specialists were being recruited at VA New York Harbor Healthcare System, part of a team of 800 throughout VA, Ms. Rodrigues-Whyte was a natural match for the position, a role model for recovery. "When I was injured, the doctors said I couldn't eat certain things, couldn't do certain things because of my knees. It hurt in summer with the heat, and in winter with the cold." She describes her recovery as coming to accept some limitations. "I had to accept the new me. I'm at peace with myself now."

Currently Ms. Rodrigues-Whyte is working with Veterans at VA's Brooklyn campus engaging them in sessions designed to guide Veterans through steps taken to decrease and prevent intrusive or troubling feelings and behaviors, increase personal empowerment, improve quality of life and assist each Veteran in achieving his/her own life goals and dreams.

Ms. Rodrigues-Whyte is also developing a new program with Social Worker Carla Goodman that encourages Veterans to volunteer at the NY State Veterans Home in St. Albans

and at other Community Service facilities and programs. "I love this job," says Ms. Rodrigues-Whyte, "I love helping guys know they're going to be OK again." Bertram Hirsch, Coordinator of the PRRC Program has nothing but praise for VA's recent initiation of a national Peer Specialists program. And, he is also very proud of the way in which Ms. Rodrigues-Whyte demonstrates its effectiveness. "The Veterans know her as a Veteran who has recovered," he says."

John Tatarakis CNS, Local Recovery Coordinator says, "Ms. Whyte-Rodrigues provides an critical role as a Peer Specialist in helping Veterans focus on their strengths, find hope and identify goals for a healthy and productive life".



Did You Know...

Disability Benefits For Veterans Who Have A Veterans Affairs Compensation Rating Of 100% Permanent And Total

Starting March 17, 2014, Veterans who have a VA compensation rating of 100% permanent and total (P&T) may receive expedited processing of applications for Social Security disability benefits.

FAMILY NIGHT @ BROOKLYN PRRC

On Wednesday April 2, the PRRC of Brooklyn had the first Family Night for 2014. This is the third time that they have done this. Tonight they had over 26 family members and veterans in attendance.

Family Night is done to help the family members of the veterans in our program meet with the different clinicians to get a better understanding of what their loved ones is suffering from or dealing with after coming home. It is very important that the family members of the veterans fully understand how to live with veterans who suffer from various types of Mental Illness. This is also done to show them that they are not alone with whatever issues they are dealing with at home, and this also gives the wives, girlfriends, and mothers or significant others to maybe get together and talk. We have found from having this night, some of the family members also form their own support group, and get together outside of the hospital.

Having such a support group outside of the hospital, they help each other to not only understand the veterans, but support each other. The veterans have their own support group amongst each other, so now the other family members have their own also.

Living with someone with a mental illness can cause a strain on one's family, so having this sort of night helps them to meet others and with the clinicians to try and fully understand their loved ones.

Again this night keeps growing, and was a great success. We look forward for the next one in a couple of months.

Other programs available are as follows: OEF/OIF- Couples therapy, Care Givers Support program, Soldier's Project, NYU Family Program-855-698-4677, Give an Hour, North Shore LIJ's Rosen Family Wellness Center-516-562-3260 and also every Vet Center has a Family/couples therapist.

For more information on counseling, one may contact the Veterans Hospital. Also, remember that a psychiatrist is always available 24/7 in the emergency room of the hospital. If one is thinking of harming themselves, they may call the **Veterans Crisis Line at 1-800-273-8255 PRESS 1.**

By: Lecia A. Rodriques-Whyte

Certified Peer Specialist @

The Brooklyn PRRC

MANHATTAN VETERANS
ADVOCACY COUNCIL



MANHATTAN VETERANS ADVOCACY COUNCIL OCTOBER 2013 NEWS

MVAC member Harvell Ford and Jose E. Caraballo from the Palladia Inc. stands in front of the newly installed M.V.A.C. bulletin board located in the Mental Health Clinic area. The board will be used for information and resources for Veterans and family members. Updates will be posted as soon as the Council receives new information. It is the hope of the Council that Veterans will be able to use the material for their mental health recovery.

On October 22, 2013 the Chairman sent an e-mail-thank-you on behalf of the Council and Veterans at the Manhattan campus to Dr. Wolkin, Dr. Eakin and MVAC's Liaison Mr. John Tatatarakis.

MVAC FILES AND RECORDS

The next big task for the Council is to put its files and records in order. Last year the Council receive a filing cabinet that is housed in the Clubhouse. MVAC has a host of information and resources available to Veterans and family members. Some of the information is no longer current. Many of the organization that offered free food, clothing, free movies and other item are no longer in operation.

MVAC's information and resource book also must be up dated. The Council hopes to have the job completed by the first week in November so that two tables can be set up in the lobby area for recruitment and information. Copies of the MVAC brochure, newsletter and other resources also needs to be made.

The New York State Veterans' representative, Joseph Henley attended the October 15, 2013 meeting. The Council wanted to be informed on his policy of helping Veterans.

MVAC members asked some questions as it relates to filing claims and his availability to assist Veterans. He was thanked for attending the meeting.

The Chairman also met Samuel L. Spitzer General Counsel for the NY State Div. of Veterans Affairs at a Veterans forum given by NY State Senator Rubin Diaz Jr.

Council members continue to support the Hospital's Learning Resource Center Project. Veterans Harvell Ford, George Hicks, and Anthony J. Williams continue their volunteer work in the center. The members assist with signing Veterans to a computer and assist Veterans in any way that they can. One day a Veteran needed an award letter from Social Security (SS). SS informed the Veteran that he had to go to the internet to get the letter. The Council member sat the Veteran at the computer and assisted him in creating a yahoo e-mail account. The account was necessary to sign into the Social Security on-line system. The Veteran was also able to create a Social Security account. Three copies of the award letter were printed. We have discovery that a lot of government organization are sending citizens to the internet for resources.

MVAC FACEBOOK PAGE Since October 1, 2013 the MVAC *facebook page* has recorded over 245 hits. Veterans are using the page for resources.

VETERANS NEED TO BECOME A VOTING BLOCK!

**MVAC MEETS EVERY TUESDAY AT 12:00 PM
IN ROOM 2644 IN THE MENTAL HEALTH
CLINIC.**

E-mail: manvetadv2693@aol.com

Shuttle Van Reported as Unsafe On October 18, 2013 one of the shuttle vans were reported to the Patients Representative office as unsafe. The front end of the van shakes violently when driving on the high way. Patient Representative contacted the van supervisor on this issue.

Veterans Consumer Advocates Council (VCAC)

Bronx, NY

Jan, 1, 2013-Dec. 31, 2013



Date Council Began: July 9, 2003

Mission Statement: To provide a forum at the J.J. Peters VA Medical Center for consumers to convey input and receive feedback from the administration about mental health and substance abuse services.

2013 Activities:

Highlights:

Four members from the council took the training for the Veterans Justice Outreach new peer mentor program through Bronx Veterans Court

Participated in meetings with other Veterans Advocacy Councils in VISN 3

Hosted speakers from the homeless program, MyHealtheVet, the Veterans Justice Outreach Coordinator

VISN 3 Mental Health Care Line Director attended the meeting

Participated in planning and hosted the VISN 3 conference for Veterans who wanted to sharpen their leadership skills

Veteran testified about chemical contamination at Fort McClellan

Had a peer specialists to talk about their roles in working with Veterans

Had a meeting with Employee Assistance Program manager, Wade Hathaway to help facilitate better understanding and communication among members

Worked on a project to bring "Home Tour" concert to this hospital

Elected 2 new co-chairs to lead the council

One council member held 3 programs for the blinded Veterans Association of the Bronx: one with a speaker from the Guggenheim Museum, a "Day of Inspiration" to assist severely disabled Veterans to learn about how they can still be productive and do the things that enjoy: 80 staff and Veterans attended, and also a "Day of Inspiration" at the Bronx Library Center with 77 Veterans and staff in attendance

Concerns:

Regularly discussed each month issues of homelessness, women's issues, pharmacy, transportation, OEF/OIF/OND, computer access through MyHealtheVet, and information/education

Goals for the coming year:

Update of by-laws and review of mission statement

Recruit a secretary and new members

Training for group to improve their skills in working together

Invite Mental Health Program Lead, Medical Center Director and VISN 3 Mental Health Lead to meetings: discuss VCAC participation on hospital committees

Encourage new business as the section of the meeting for new ideas

Consider collection of unused Metro-Cards from guests departing mid-town hotels. The cards will be donated to Veterans in need of travel funds to return home and/or return to an upcoming appointment

Submission of articles by members to the VISN 3 Veterans Advocates Newsletter

VA HUDSON VALLEY HEALTH CARE SYSTEM



Montrose VAC Unit

Department of Veterans Affairs

VA Medical Centers

Castle Point & Montrose, NY

CONTACT: Kirsten Aghen
Public Affairs
914-788-4328 or 845-838-5234

Nutritional Labeling Of VA Food At Montrose

The Montrose VAC Unit has met with the Nutritionists from the VA and has developed a document that labels all individual foods, sauces, soups and beverages offered to veterans. As a result of these meetings over the last several months a committee made up of, VAC members a VA Liaison person and VA Nutritionists has developed a book outlining the nutritional value of foods offered by the VA. The book lists all the foods and drinks currently being offered by the VA for both inpatient and outpatient services. This book has been installed in the cafeteria at Montrose.

A listing of the ingredients of the soups and sauces was added to the book. The nutritionists were requested to investigate again for the calorie and carbohydrate counts for the soups and sauces for the next meeting so they could also be included in the Nutrition Book.

The book is a dietary aid which is now available for all veterans looking for nutritional information. If you are just counting calories for a diet or checking carbs for your diabetic needs, it's all there for you. Thanks to the VA Nutritionists and all the detailed information they put into the book. Anyone can look up what they are eating and make good choices for their needs.

REGISTRATION IS NOW OPEN!

Weathering the Storm: Promoting Veterans' Recovery
from Natural and Man Made Disasters

May 19, 2014

Manhattan VA Campus

420 E. 23rd Street

New York , NY 10010

Atrium A

Registration & Coffee: 9:00-9:30 am

Conference 9:30am-3:15pm

Sponsored by VISN 3 Recovery Advocates Group

Open to Veterans, Staff, VSO members &
Community Partners

Dear colleagues,

Just a reminder that our one day conference around Recovering from Natural/Manmade Disasters is scheduled for May 19th at the Manhattan VA (see flyer above). We strongly encourage both staff and veterans to attend.

If you or one of your staff members would like to participate, please submit your/their name to your Local Recovery Coordinator no later than Monday May 12, 2014.

Facility LRCs:

Bronx – Helen Rasmussen

NY Harbor – John Tatarakis

Hudson Valley – Elana Fine

Northport – Barry Goggin

VANJ – Melanie Nobile and Heather Shangold

Thank you!

From the Recovery Conference Planning Committee

Ann Feder, LCSW

VA- VISN 3 Mental Health Care Line Programs Manager

(718) 584-9000 ext 3719

Cell - (646) 335-3870

Fax - (718) 741-4682



**Department of
Veterans Affairs**

Office of Public Affairs
Media Relations

Washington, DC 20420
(202) 461-7600
www.va.gov

News Release

VA Launches Hotline to Answer Questions on VA Health Care and Benefits for Women Veterans *1-855-VA-WOMEN (1-855-829-6636)*

WASHINGTON – The Department of Veterans Affairs has launched a new hotline — 1-855-VA-WOMEN — to receive and respond to questions from Veterans, their families and caregivers about the many VA services and resources available to women Veterans. The service began accepting calls on March 27, 2013.

“Some women Veterans may not know about high-quality VA care and services available to them,” said Secretary of Veterans Affairs Eric K. Shinseki. “The hotline will allow us to field their questions and provide critical information about the latest enhancements in VA services.”

The hotline is staffed by knowledgeable VA employees who can provide information about benefits including health care services for women. Callers can be linked to information on claims, education or health care appointments as well as information about VA cemeteries and memorial benefits. Staff can answer urgent questions and provide referrals to homeless and mental health services as well as provide Vet Center information.

Women make up nearly 15 percent of today’s active duty military and 18 percent of National Guard and Reserve forces. The population of women Veterans using VA benefits including health care is growing rapidly. Since 2000, the number of women using VA health care more than doubled, from nearly 160,000 in 2000 to more than 354,000 in 2012. Based on the upward trend of women in all branches of service, the number of women Veterans—and female VA users—will keep climbing.

VA is committed to making improvements for the growing population of women Veterans, including the way it communicates with them. In 2010, VA established an outbound call center to contact women Veterans and encourage them to enroll in VA health care.

“In VA health care alone, women constitute only 6 percent of VA patients, but those Veterans have a high perception of the quality care they are receiving,” said Irene Trowell-Harris, director of VA’s Center for Women Veterans.

“Many women who served don’t self-identify as Veterans and therefore don’t think they qualify for VA benefits. We need to correct existing misinformation and misperceptions so we can serve more women Veterans with the benefits they’ve earned.”

Women Veterans are entitled to apply for the same benefits as their male counterparts, which include health care and pharmacy benefits as well as education benefits, disability compensation, home loans, employment assistance and more.

The hotline (**1-855-VA-WOMEN**) joins numerous other VA hotlines that provide critical information and assistance to Veterans, such as those for Veterans in crisis and in danger of becoming homeless. Veterans can also receive information and apply for benefits online at VA’s www.eBenefits.va.gov and manage their health care at MyHealtheVet.va.gov.

Web links to Veterans Affairs and Department of Defense Resources

<https://visn3.kognito.com/fohl/> *Family of Heroes*, web-based interactive resiliency and PTSD training simulation for families of Veterans in our geographic area. The goal is to assist adult family members support their Veterans' transition to post-deployment life. This includes how to recognize signs of post-deployment stress and to connect them with health services at one of our medical centers.

<http://www.mirecc.va.gov/coaching/>. The Coaching into Care program has unlimited, free coaching with family members or friends to help Veterans address problems and support them in making decisions about care. Callers can reach VA's Coaching into Care program at the toll-free number 1-888-823-7458, 8 a.m. – 8 p.m., Mondays through Fridays.

<http://www.MakeTheConnection.net> features Veterans sharing their challenges and triumphs in working through a variety of common life experiences and mental health problems.

<http://www.eBenefits.va.gov> eBenefits is your one-stop shop for online benefits- Veterans, Service Members, their families, and their caregivers. We invite you to explore eBenefits and become a registered user.

<http://www.ptsd.va.gov> National Center for PTSD

http://www.ptsd.va.gov/public/reintegration/returning_from_the_war_zone/guides.asp Guide for families and a guide for service members returning from the war

<http://www.afterdeployment.org> Wellness resources for the military community: you can click on post traumatic stress, depression, anger, sleep, anxiety, alcohol & drugs, tobacco, physical injury, mild traumatic brain injury, life stress, stigma, resilience, military sexual trauma, health and wellness, families with kids, spirituality and work adjustment

<http://www.militaryonesource.com> Education, relocation, parenting, stress: Military OneSource helps with just about any need. Free service for active-duty, Guard, and Reserve service members and families. Offer translators and translation of materials. Telephone: 1 800 342-9647

<http://www.woundedwarriorresourcecenter.com> 1 800 342-9647 Connecting Wounded Warriors, Service Members, Veterans, Their Families and Caregivers with Those Who Support Them: provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration. Visitors can find information on a variety of topics including [benefits & compensation](#), [education & training](#), [employment](#), [family & caregiver support](#), [health](#), [homeless assistance](#), [housing](#), [transportation & travel](#), [volunteer opportunities](#) and [other services & resources](#). For help on how to find resources on the site, visit the [How to Use this Site](#) section of the NRD.

<http://www.VeteransCrisisLine.net> or 1 800 273-TALK (8255): 24/7 crisis line and online chat. In crisis, text 83-8255 free of charge to receive confidential, personal and immediate support.

Evidence-Based Practices: <http://www.mentalhealth.va.gov/> <http://www.ncptsd.va.gov/ncmain/veterans>

www.sesamestreetfamilyconnections.org This interactive Web site, similar to the social networking site Face book, will allow soldiers, sailors, airmen, Marines and their families to stay connected in a safe and nurturing environment surrounded by their favorite Sesame Street friends.

Whether the distance between military members and their loved ones is due to deployment or the recovery from an injury sustained while deployed, the "Family Connections" Web site offers young children an online environment to stay connected, while offering tools for the entire family to aid in the recovery of the visible and invisible wounds of combat.

For DD214 (military discharge): <http://www.archives.gov/veterans/military-service-records/get-service-records.html>

www.myhealth.va.gov Access VA health care, renew meds., journal health info.

<http://t2health.org/apps> Mobile apps:

Breathe2Relax: A breathing exercise built on the iPhone mobile app platform. It decreases the body's stress response, and helps with mood stabilization, anger control, and anxiety management.

A user can record his stress level by swiping a small bar to the left or to the right. Breathe2Relax uses state-of-the-art graphics, animation, narration, and videos to deliver a sophisticated, immersive experience for the user.

PTSD Coach: **Self-Assessment** of symptoms with individualized feedback, and ability to track changes. **Coping skills** with relaxation and self-help techniques. **Support:** Identify personal sources of emotional support, add phone numbers, and link to treatment programs. **Emergency link** to the Veterans Crisis Line.

T2 Mood Tracker: Monitor over time your emotional experiences associated stress, brain injury, depression & anxiety. With each rating, notes can be added.

Tactical Breather Gain control over your responses to stress. Many of the techniques were provided by Lt. Col. Dave Grossman, author of [On Combat: The Psychology and Physiology of Deadly Conflict in War and in Peace](#).

Talk to another warrior or combat Veteran: 1-800 WAR VETS or 1 877-927-8387



Veterans and staff liaisons from the VISN 3 VACMH attended and participated in the Advocacy/Leadership Emotional Intelligence Seminar held at the Bronx, James J. Peters VAMC. The interactive agenda included a delicious luncheon provided courtesy of vCaring.

VACMH



04.09.2014



Fellow Veterans, Council members :

In my capacity as a chairperson of the VISN3 VACMH, for the last 6+ years, I have aspired to help bring our Councils to a point of advocacy with integrity and hope.

We are the hub of activity for getting recognition of the issues, old ones and new ones, priority tasks, and other things that our mental health system needs to be addressed.

As a chair I have had the responsibility of sitting on other Councils, the Mental Health Executive Board and the Homelessness Executive Committee and the Recovery Advocates Meeting. These positions have given me and my Co Chair the opportunity to speak to power, represent and put a Veterans face on the various agenda items being mindfully discussed by those bodies as they go about doing their jobs.

The Ultimate essence of the VISN3 Veterans Advocacy Council for Mental Health is to help us help staff help us. Perhaps providers do not need to be reminded; yet... there is always room for mutual feedback, assistance and encouragement.

We must continue to work towards a more stream-lined and Veteran Recovery oriented application of mental health services and options.

It is paramount that Certified Peer Specialist and more staff remain actively connect to our Council; the VACMH does not and cannot stand alone.

The RAM projects and local VAC activities and relevant community collaborations are vital to giving tangible substance and hope to our Council and Veteran community. We must come to a level of "matured integration" where all our options are reviewed and applied effectively. Simply put; no silos, rather best practices.

There are those issues that require a more robust approach i.e. Suicide Prevention, and the recognition of the needs of our female Veterans. There is the HR bottle-neck, the drip-drip, tedious process of staffing, which ultimately prohibits us, Veterans the timely treatments we need.

To the Co-Chairs and fellow members and staff, I intend to be available as I attempt to maintain and re-energize the newsletter. I will be looking for your needed input.

Council members; particularly we Veterans, in order to facilitate changes, we must advocate with the energy and the character; knowing that we are the "Special Peers."

I wish us all good Recovery and good luck.

Respectfully,

Charles Witherspoon,
Ed. VISN3 VACMH NEWSLETTER
charles.witherspoon@va.gov
718.584.9000 Ext.4254
chris.witherspoon@yahoo.com
H:347.591.0978
C:347.259.0264



PS: A HAIL AND HEARTY THANKS TO OUR CONTRIBUTORS AND A HAPPY 2014 TO US ALL!!!

Disclaimer: The opinions in the editorials and articles are the opinions of the writers. The VISN3 VACMH does not necessarily agree or disagree with the opinions within but as Veterans, we do support the right of each person to have his or her own opinion.